## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6-22-2010</u>	Address:	SR 15 n/o Canal St.	
Case #:	<u>24F31641</u>		Warsaw IN	
County:	Kosciusko		<u>46580</u>	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
	onal Lab al/Glassware/Equipment (only) te (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	<ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☐ Other:</li></ul>	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)  ☐ Lithium/Ammonia Reaction(s): Trunk ☐ Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: Vehicle				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base: VEHICLE				
Other (item and location): Ammonium Nitrate Vehicle				
Child under age 18 discovered (check one)  Yes (number present)  No *If yes, fax report to Child Protective Services		Ephedrin Retail/M	Investigative Information  ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Traffic Stop	
This report is to be faxed to the following agencies that serve the location:				
Health Depa	ment: Warsaw FD artment: Kosciusko County HD ction Service:	Fax: <u>574-3</u> Fax: <u>(574)</u> Fax:	372-2349	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Andrew Cochran</u> Phone <u>574-546-4900</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.